



**OFFICE OF LANGUAGE ACCESS
CONTINUING EDUCATION FORM**

Statement of Attendance for Approved Continuing Education
Office of Language Access

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ EMail: _____

PROGRAM INFORMATION:

Name of Program Attended:

Date(s) Attended:

Hours of Credit:

Program Sponsor:

I hereby state the information on this form is true and correct to the best of my knowledge.

Signature

Date

Submit when requested to: Administrative Office of the Courts
Office of Language Access
1001 Vandalay Drive
Frankfort, Kentucky 40601